

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828680

1. Entity Name

VOA ASSOCIATES INCORPORATED

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90062 045 \*\*\*150.00

Principal Place of Business

200 S. ORANGE AVE  
SUITE 1300  
ORLANDO FL 32801  
US

Mailing Address

200 S. ORANGE AVE  
SUITE 1300  
ORLANDO FL 32801-3438  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2674078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN STEENLANDT, MARC A  
200 SOUTH ORANGE AVENUE, SUITE 1300  
ORLANDO FL 32801

Name

Calvin Peck

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Avenue Suite 1300  
City Orlando FL 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME VICKREY, WILMONT  
STREET ADDRESS 224 S. MICHIGAN AVE., #1400  
CITY-ST-ZIP CHICAGO IL 60604

TITLE ☒ Change ☐ Addition  
NAME Founding Principal  
STREET ADDRESS Vickrey, Wilmont  
CITY-ST-ZIP Same address

TITLE PTD ☐ Delete  
NAME TOOLIS, M.A.  
STREET ADDRESS 224 S. MICHIGAN AVE., #1400  
CITY-ST-ZIP CHICAGO IL 60604

TITLE ☒ Change ☐ Addition  
NAME Chairman of the Board  
STREET ADDRESS Toolis, M.A.  
CITY-ST-ZIP Same address

TITLE VD ☐ Delete  
NAME FERY, THEODORE  
STREET ADDRESS 200 S. ORANGE AVE., #1300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BRADFORD, WILLIAM S.  
STREET ADDRESS 224 S. MICHIGAN AVE., #1400  
CITY-ST-ZIP CHICAGO IL 60604

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PECK, CALVIN H  
STREET ADDRESS 200 S. ORANGE AVE., #1300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Percy E. Roberts  
CITY-ST-ZIP 224 S. Michigan Ave., #1400  
Chicago IL 60604

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

33.00 401.425.2500

CR2E034 (9/99)